

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE										-61-030632									
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER									
AMENDED										7928									
Registration District No. 318										Primary Registration District No. 1003									
Registrar's No. 7928																			
FILED AUG 31 1961										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
a. COUNTY										a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis										c. CITY OR TOWN St. Louis									
Length of stay in 1b 17 YRS										Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips										d. STREET ADDRESS (If outside, give location) 4218 E. Maffitt									
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																			
3. NAME OF DECEASED (Type or print)										4. DATE OF DEATH									
First Middle Last Joseph Colclough										Month Day Year 8 24 61									
5. SEX Male										6. COLOR OR RACE Negro									
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>										8. DATE OF BIRTH 3-9-1867									
9. AGE (last birthday) 94										IF UNDER 1 YEAR IF UNDER 24 HR									
										Months Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister										10b. KIND OF BUSINESS OR INDUSTRY Methodist Ch. Sumter, So. Carolina									
11. BIRTHPLACE (City and state or country) USA										12. CITIZEN OF WHAT COUNTRY									
13a. FATHER'S NAME Peter Colclough										13b. MOTHER'S MAIDEN NAME Sarah									
14. NAME OF HUSBAND OR WIFE Eva L. Colclough																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No										16. SOCIAL SECURITY NO. NONE									
17. INFORMANT Eva L. Colclough										Address 4218 E. Maffitt									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH									
IMMEDIATE CAUSE (a) Carcinoma of Prostate										Undet.									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)									
										DUE TO (c) 177 X									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days.									
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>									
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)																			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year																			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)									
20f. CITY, TOWN, OR LOCATION COUNTY STATE																			
21. I attended the deceased from 8-14-61 to 8-24-61 and last saw him alive on 8-24-61																			
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE B. Prophete, M.D. (Degree or title)										22b. ADDRESS 2601 N. Whittier Street									
22c. DATE SIGNED 8-25-61																			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal										23b. DATE 8-29-61									
23c. NAME OF CEMETERY OR CREMATORY Southview Cemetery										23d. LOCATION (City, town, or county) Atlanta, Georgia									
24. FUNERAL DIRECTOR PRICE UND. Co.										25. DATE RECD. BY LOCAL REG. AUG 25/1961									
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.																			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Fenix

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.